

Scotch Quarter Practice

Carrickfergus Health Centre
Taylor's Avenue
Carrickfergus
Co. Antrim
BT38 7HT
Tel: 028 9331 5955
Fax: 028 9331 5911

Application for access to Practice Online Services

Surname:	Date of Birth:
First Name:	
Address:	Postcode:
Email address:	
Telephone number:	Mobile number:

I wish to have the following online services (please tick all that apply):

1. Booking Appointments	<input type="checkbox"/>
2. Requesting Repeat Prescriptions	<input type="checkbox"/>

Signature:	Date:
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I CONSENT TO CONTACT BY TEXT MESSAGE/EMAIL



For Practice Use Only

Patient NHS Number:	Practice Computer ID Number
Identity verified by:	Method: Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and Proof of Evidence <input type="checkbox"/>
Date:	
Authorised by:	Date:
Date account created:	Code #91B <input type="checkbox"/>
Date passphrase sent:	Code #9NdP (SMS) / 9NdS (email) <input type="checkbox"/>
Notes / explanation:	